

Town of Riverhead Office of the Fire Marshal Fire Hydrant/Fire Service Main Test Report

Name of Premise						Testing Company					
Location of Premise						Contact Person					
Section:		Block:		Lot:		Phone Number					
Property Owner Information									Hydrants Properly Color Coded		
Name:					Phone#					Y or N:	
Address:				City:		State:		Zip:		Fire Protection Reg#:	
Hyd. #	Date	Thread	Hydrant Location		Pressure (psi)			Nozzle	CF	Flow	Flow @
		Type	Flow Hydrant	Gauge Hydrant	Static	Residual	Pitot	Size		GPM	20 psi

Deficiencies: _____

All deficiencies corrected?

Y or N	
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If No, why? _____

CERTIFICATION: I, an employee of the inspecting firm listed above, do hereby certify that the private fire service mains, fire hydrants(s) and privately operated pumping facilities described above have been inspected in accordance with the applicable portions of NFPA 25, 2008 edition. This certification does not imply that items requiring daily, weekly, monthly or quarterly inspection or testing were performed at specific intervals, but does imply that all such items inspected or tested appeared to function as noted in this certification at the time of the inspection. I certify that this inspection has been properly conducted and all of the above statements are true and correct to the best of my knowledge.

 Print name of Inspector

 Signature of Inspector

 Date